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Families and the church in the 21st century: the meaning of kinship bonds

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FAMILIES AND THE CHURCH IN THE 21ST CENTURY: THE MEANING OF KINSHIP BONDS

1. Introduction

The realities of family relationships within Scottish society have changed profoundly over the past few decades. This report seeks to encourage the church to be aware of the effects these changes may have on the communities which we serve.

Over the past half century there has been a dramatic change in family structure. There is a trend away from marriage resulting in a minority of people in Scotland being married. (The 2011 census showed that just over 45% of people aged 16 and over in Scotland are married). About a third of children in Scotland are in single parent families. Other family structures include complex step-parent relationships and there is an increasing reliance on grandparents for day to day childcare, not just occasional babysitting. The expanding availability of methods of assisted conception means that children born as a result of these methods may have parents responsible for their care who are distinct from their biological parents. Meanwhile, children currently offered for adoption are no longer typically healthy infants given up at birth, but may be toddlers and older children from homes affected by alcohol, drugs or other complex social problems.

2. 'A Child of our Own'

Parents' desire to have children of their own, or at least as much 'of their own' as possible, is the driving force behind the growth and popularity of fertility clinics. The desire is sometimes so strong that some parents are prepared to accept a number of health risks to the mother and/ or the resulting child if the proposed infertility solution can promise a child 'of their own'.¹ Whilst most discussion about parenting, fertility medicine and adoption recognises the strength of parents' desire to have 'a child of their own', few studies have paid close attention to what this phrase actually means. Do parents want to feel *responsible* for bringing their child into existence? Is it their genes that are important or some other concept that they want to pass-on? In order to explore these questions further, it is necessary to gain a wider perspective on ideas of kinship, and the relationship between biology and social factors in defining family bonds.

The desire to have 'a child of one's own' is widely considered to be a fundamental and universal instinct, but in reality ideas surrounding kinship, parenthood and procreation are intrinsically

¹Nuffield Council on Bioethics: "*Novel techniques for the prevention of mitochondrial DNA disorders: an ethical review*", Nuffield Council on Bioethics, London, 2012, p. 68.

connected to social and cultural beliefs. In Scotland, recent developments in law, society and medicine have caused significant changes in the way we view family structures. Prospective parents today most commonly hope to conceive naturally, but if this is not possible they often explore various medical possibilities for assisted conception, sometimes turning to adoption if these interventions fail.

Meanwhile, developments in social work practice and family planning mean that the children offered for adoption are rarely healthy babies relinquished because of social pressures, but are typically children taken into care at a later stage of their life because of a chaotic or troubled background which may have led to long-term physical or psychological harm. At the same time, developments in Scottish adoption law have strengthened both the legal bonds and support systems for adoptive families. These changes have had a variety of consequences for our ideas about kinship and identity. One issue of importance which has arisen has been that of secrecy, where parents who choose the routes of assisted reproduction or adoption must decide how much information to share with their family, communities, or even with the children themselves.

This report explores the impact of the changing landscape of both adoption and fertility medicine on ideas of family, parenthood and kinship. In addition, whilst the decisions and issues surrounding the route to parenthood are hugely emotive and deeply personal, the Christian faith offers a view of kinship and identity which can speak to and also transcend particular family structures. A deeper understanding of the issues and complexities surrounding kinship bonds and parents' desire for 'a child of their own' can enable us, as a church, to better support the families and individuals in our congregations and communities.

Through a detailed exploration of both theories of kinship and routes towards parenthood, this report seeks to promote wider discussion of the Church's approach to kinship bonds in a changing Scottish culture. Wider areas of kinship are addressed in the next section of the report, with reference to recent developments in fertility medicine, before discussing adoption and the pervading question of secrecy surrounding assisted conception and adoption. Whilst this report will offer an overview of changing patterns of fertility medicine and adoption practice, it is not intended to offer an exhaustive analysis of current issues, but rather to explore how these developments are complicating and changing ideas about what it means to be family.

The interplay between biological and social kinship is not straightforward, and the varying routes towards parenthood today have highlighted complex and sometimes contradictory ideas and beliefs. However, as discussed in the concluding section of this report, the many metaphors the Bible offers

us about kinship, parenthood and adoption will help gain an understanding of a wider and more profound kinship between all humanity as children of God the creator.

3. Traditional forms of Kinship

“Kinship” can be defined as the web of relationships which form an important part of the lives of most humans in most societies. It describes the relationships and bonds between people in a community, which may be influenced to a greater or lesser degree by biological factors. Different understandings of kinship have existed in every human society and culture, from societies which only consider biologically related individuals to be part of a family, to cultures where all the adults in a village are seen as being some kind of parent to all of the children. In Scottish society, ideas about kinship have developed and changed over time. When the concept of kinship changes, a tension may be created between the social and biological understanding of the term- especially when such changes take place rapidly.

Questions of identity are informed by the manner in which persons understand their relatedness to others. This includes their knowledge of ancestry or origins, including members of wider family- for example, siblings and cousins. Aspects of identity can be expressed through the concept of closeness and also includes ideas of belonging to each other, of being nurtured by each other. A common ancestor may help co-descendants to feel that they are related to each other and that they descend from the same origin. As a result, individuals may regard these ancestors and family relatives as being a single community, irrespective of geographical distance. Without parents or ancestors they would not exist and they begin to understand that a long chain of ancestors resulted in their existence. There is a sense of being dependent on, and even belonging to, these earlier existences.²

This communion between ancestors and their descendants is, in many societies, characterised as a ‘lineage’, or a family tree. It means that although it has different branches and a single trunk it remains a single entity with a united sense of identity.³ This then forms the basis of a certain understanding of kinship. The trunk of the tree, representing the founding generations, also becomes the most important basis of connectedness which holds all the branches together.⁴ Accordingly, the idea of relatedness is reflected in many surnames, which express a genealogical

² MacKellar, C: “The Biological Child”; *Ethics and Medicine* 12: 65- 69 (1996)

³See also Watson, J: “*Ordering the Family: Genealogy as Autobiographical Pedigree*”, In Smith, S. and J. Watson (eds.) “*Getting a Life: Everyday Uses of Autobiography*” (Minneapolis: University of Minnesota Press, 1996), 298.

⁴ See also Baker, H: *Chinese Family and Kinship* (New York: Columbia University Press, 1979), 90-91.

continuity while also emphasising a recognised unity or 'oneness' of a community or tribe in relational identity. The name expresses a sense of belonging with all the implications that this represents. This happens, for example with Scottish clans, such as the MacDonald clan i.e. recognised as being brought into existence by, and descendent from, the one original individual who gives them their collective identity.

Another characteristic of genealogical ties is that, unlike other formal relationships such as those reflected in marriage, this biological relatedness is seen as immutable and cannot be broken. In that sense, although it may be possible to have an ex-spouse, it is not possible to have an ex-brother or ex-daughter. Whatever the quality of the relationship, and even if all communication stops, the nature of the bond remains and cannot be broken or terminated.⁵ However in our Western-type society, we can and do make choices about which lineage to acknowledge. Scottish clans have members who are related to each other not genetically but by marriage, locality or friendship. In general we forget some relatives and prioritise others, for a variety of reasons⁶.

Images such as kinship, adoption and parenthood are also present as key concepts through which we as Christians understand the relationship of God to humanity. We believe that God, in creating humanity, did so 'in the divine image' and God also desired us to be able both to acknowledge and to have a relationship of love with our creator. Similarly, human parents may seek to have some kind of 'image' of themselves in their child. They may want their child to be able to acknowledge that they are the cause behind his or her existence and, in return, be able to have a relationship with them (the parents). There are, in this way, strong symbolic parallels between our understanding of God's creation of humanity and of human parents' procreation of their children.

God creates; humans procreate. When God brings children into existence, this act of creation involves, in a meaningful and profound way, the love of God. The love and self-giving which is displayed in the incarnation and passion of Jesus Christ gives us a glimpse of the extent of the love that God must have invested into creating. Although we may see this loving process of self-giving in human procreation, it is important to emphasise that God's creative power and love is at work equally in the birth of every individual, regardless of the variations in parental relationship and fertility techniques which may exist. Although many of the novel reproductive technologies tend to encourage a focus on the fusing of gametes, procreation is not simply about that act, but encompasses the wider issue of creating a whole human person, loved and cherished by God.

⁵ Schneider, D.M.: *"American Kinship: A Cultural Account"* (Englewood Cliffs, NJ: Prentice-Hall, 1980), p. 24.

⁶ Strathern, M.: *"Kinship at the Core: an anthropology of Elmdon, Essex"* (Cambridge: Cambridge University Press. (1981))

Nevertheless, procreation always takes place in a context, including a physical context. In bringing a child into existence, the context may have important ramifications relating to the identity of the parents and the child. While the vast majority of human reproduction continues to take place by natural means, in a small but growing number of situations, technological assistance is sought. Full appreciation of the profundity involved when a person is the cause of bringing about the existence of another person is important. This may be especially true in the context of some new reproductive technologies, when persons other than the parents who will bring up the child may be directly involved in the moment or means of conception

4. Changing Technologies, Changing Society?

New developments in reproductive technologies have brought with them new questions as to the manner in which a person understands both kinship and identity. With these changes, innovative forms of family configurations are being brought about, with new possibilities of dissociating sexual intimacy from bringing children into existence. There are now an almost bewildering variety of ways in which humans can intervene in assisting reproduction.

Techniques for assisted reproduction can either use the gametes (eggs or sperm) of the parents or donor gametes, with varying levels of medical intervention to suit the parents' individual circumstances and medical needs are shown in the table below.

A brief summary of more common methods of assisted conception and reasons for their use

1. Artificial insemination using husband/partner's sperm	Used when sperm motility is poor to increase chances of sperm meeting fertilisable egg, and also if sperm has been pre-stored. This happens e.g. when the male has undergone chemotherapy or radiotherapy for a malignancy, either of which can damage germ cells (sperm).
2. Artificial insemination using donor sperm.	Used when husband/partner is infertile or has had therapy likely to have damaged germ cells and there is no stored sperm. Also used if a female wishes to carry and then care for a child of her own but has no male partner.
3. <i>In vitro</i> fertilisation using prospective mother's eggs	Used in situations where it is important to maximise chances of conception e.g. older prospective mothers. The female receives demanding hormonal therapy to encourage hyper-ovulation and eggs are then harvested, and fertilised in a laboratory situation by sperm either from husband/partner or

	donor. The fertilised eggs are then re-introduced to the uterus of the woman who will carry the foetus and then deliver and rear the baby. The resultant child will thus carry the genes of their female parent and, if the husband/ partner's sperm is used, also of their male parent.
4. In vitro fertilisation donor egg.	Used when the female is not ovulating even after hormonal stimulation, or if her eggs have been damaged e.g. by chemotherapy as above. The resultant child will therefore not carry the genes of their birth mother but may carry the genes of the prospective father if his sperm is used.
5. Surrogate pregnancy.	Used when women cannot for medical reasons or do not wish to go through a pregnancy but do wish to care for and bring up a child bearing their own genes. Also used by same sex male couples who wish to care for and bring up a child bearing genetic material from either male partner. The prospective mother is treated to encourage ovulation, the eggs harvested and fertilised in vitro by appropriate sperm. The fertilised egg is then introduced in to the uterus of a surrogate mother who carries the foetus to term, delivers the baby and then gives it to the genetic mother or the same sex male couple who will bring up the infant.

A prospective technique for assisted reproduction which is causing a considerable amount of controversy is maternal spindle transfer, which is as yet unlicensed for human application. In cases where the prospective mother carries the genes for serious mitochondrial disease, the eggs are harvested from the mother and nuclear DNA is then transferred to a donor egg containing healthy mitochondria but from which the donor nuclear DNA has been removed. Thus, two females contribute to the female line. Concerns include worries that the resultant infant may have unexpected abnormalities other than those for which the techniques have been devised to prevent, and also that the germ line cells of resulting offspring will have been altered⁷.

In a society impacted by these changing technologies as well as by evolving concepts of family structure, an increasing number of children have several different kinds of parents including, for example, a step-father, a gestational mother (who carries the child), and a gametal father (who may

⁷ See, for example, Reinhardt, K., D. K. Dowling and E.H. Morrow: "Mitochondrial Replacement, Evolution, and the Clinic" (Science 341: 1345-1346 (2013))

contribute nothing more to parenthood than the donation of sperm). This may also affect the manner in which relatives understand their relationship to the child. In addition, children may be brought into existence from a number of different biological elements such as chromosomes, emptied eggs or surrogate wombs which would all give rise to different kinds of multiple biological parenthoods.

Kinship, including the ways and contexts in which children are conceived and raised, and fertility medicine are thus evolving in new directions. The church needs to be sensitive to these new developments.

4.1 Conflicting interpretations of parenthood

In this context, the question of who are the ‘real’ parents is complex, and will be influenced by social and emotional bonds rather than purely biological factors. The biological and social models for understanding parenthood and family bonds thus create areas of tension and contradiction. For example, a couple who choose to use donated sperm rather than to adopt may be influenced by a desire for a biological connection between the mother and child. The use of donated eggs may also be desired by some couples so that there is a genetic connection between child and at least one parent. The non-genetic parent may, as a result, feel less confident because they are “only” the social parent; it is very important for clinics to reassure the non-genetic parent of their worth. The use of donor sperm implies an understanding that the social role of the father is important. There is, therefore, a conflicting understanding of biology being represented which corresponds to what different individuals consider important.

The same tension has been observed with participants in surrogacy arrangements whereby some seemed to consider, in certain cases, that it was the genetic relatedness that was the overall value to be addressed whereas for others, it was the social relatedness that was seen as all important.⁸ This is recognised in different legal jurisdictions- for example, in some US states, the genetic parents are legal parents to the child, while in the UK the child is legally the child of the surrogate mother until a parental order is made⁹.

In gestational surrogacy arrangements a woman carries and delivers a genetically unrelated child for another couple or person. The child shares most biological nutrients and other fluids with the

⁸ van den Akker, O.: “*The importance of a genetic link in mothers commissioning a surrogate mother in the UK*”, Human Reproduction.15: 1849-1855 (2000)

⁹ Human Fertilisation and Embryology (Parental Orders) Regulations 2010
<http://www.legislation.gov.uk/ukdsi/2010/9780111491355/contents>

surrogate mother but not her genes. The tension arises when the nourishment of the foetus in the womb is downplayed compared to the genetic heritage connecting the child to the commissioning parents. On the other hand, in full (or traditional) surrogacy the surrogate provides the egg and gestates the child, so she will have a genetic relationship with the child who will be given over to the commissioning parents. Her biological relatedness with the child may be played down in favour of a more social aspect of parenthood. In UK law, however, if, prior to a parental order being issued, the surrogate mother changes her mind and decides that she no longer wishes to relinquish the child she is entitled to keep and raise the child as 'her own'.

In contrast, the importance of gestating a child may be seen as vital for creating relationships of kinship for couples who accept an embryo (eg a "spare" embryo from an IVF cycle) from another couple and where a female partner brings it to term. The pregnancy in this case may be understood as being extremely significant in order to construct a relationship with the child, through becoming pregnant, carrying the child, continuously exchanging substances for many months and eventually giving birth.

Biological traits may be important when social workers seek to match the physical characteristics of a child being put up for adoption with those of the prospective parents. Resemblance is also important for clinics 'matching' donors and recipients of gametes in respect of eye and hair colour. This matching may be based on ethnicity but also sometimes facial characteristics which, it is suggested, may help in the process of bonding between the child and the adoptive parents and be more easily accepted in society.

Another potential example of a certain form of kinship that may arise through the sharing of substance is in Maternal Spindle Transfer or Pronuclear Transfer, techniques which are currently only experimental. As described above, these are mainly for prospective parents who have a known serious genetic problem. Human chromosomes are transferred between two eggs or two one-cell embryos. As a result, the child who may eventually be born would have two parents who contributed to the main genetic compartment (the nucleus), but also another parent who provided the substance (including some genes carried in a compartment called the mitochondria) of the second egg or embryo which was used to bring him or her into existence. In this situation, the manner in which the child may consider all these different kinds of parents remains an open question as they will carry genetic material from three different adults.

4.2 Biological factors

Genetic knowledge can represent different things to different people. It can express the unique genetic identity of the person. Genes can also be used to understand genetic relatedness and the passing on of certain concepts of identity. However, in many ways, they do not have the same connotation as blood in its representation of life and its transmission; genetic relatedness has only recently attracted greater symbolic meaning than being related through blood.

Historically, shared blood has been one of the most common ways of expressing kinship from a biological perspective. Blood and blood lines cannot always be understood as simply reflecting a biological relatedness. Blood can have many meanings and may represent the actual life of a person¹⁰. It can also symbolise the transmission of life between generations as exemplified by the royal blood flowing down successive generations of monarchs – an idea prevalent in societies long before any concept of genes. Connection through a biological substance originating in another person may constitute a basis for kinship, especially if additional cultural values are present. The natural substances that may be important to kinship include sperm, eggs, embryos and genes, but blood, *in utero* fluids and breast milk may also be considered important. These specific substances usually represent the persons from whom they originate.

In modern understanding, genes and blood have different meanings because of a better understanding of the science behind reproduction. The importance of genetic identity has also gained ground in the last century through a better scientific understanding of what genes actually do.

The sociologist Barbara Katz Rothman argues that people generally understand who their ‘real’ relatives are as being those with whom one shares a genetic connection. She states that

*It’s a way of reckoning that makes us see adoptive parents as not the real parents, aunts and uncles by marriage as not real aunts and uncles, in-laws as not real relatives.*¹¹

However this argument does not reflect the perception that real parents and relatives may be non-genetic too. Research amongst adopted people in Scotland reveals¹² views about the importance of the time and effort of sustained nurturing in the production of kinship. Without it there is no automatic bond even between an adopted person and a birth parent.

¹⁰ Lev 17: 14

¹¹ Rothman, B. K.: “*Recreating Motherhood*”, New Brunswick, NJ: Rutgers University Press, 2000 [1989] p.18

¹² Carsten, J.: “*Knowing where you’ve come from: ruptures and continuities of time and kinship in narratives of adoption reunion*” (J. Roy. Anthropol. Inst. (N.S.), 6: 687-703 (2000))

4.3 Non- biological factors

In the end, genetics are not sufficient to explain the real experiences of family relatedness. Moreover, genetic identity is still not entirely defined and encompasses many different elements.¹³ The genetic and nurturing elements can be very closely intertwined so separating these two may be very complex. Genetic identity may be a first step to identifying a person or family or background – but is not an end in itself.¹⁴ Science writer Lone Frank has argued that

*It's not a shared bloodline that matters, but rather a shared and deep understanding of each other, one that depends on a feeling of common ground, not guaranteed by DNA.*¹⁵

For adopted and donor-conceived people however, this argument may not be wholly accurate because as David Gollancz points out, bloodlines are part of the story of who we are.¹⁶

Ultimately, a personal sense of identity cannot just be reduced to biology, but includes all our social relationships. Kinship unrelated to the manner in which a person is brought into existence can arise from the potentially very strong relationships which are formed with others in the life of a person. For example, these can include adoptive parents, step parents, friends or members of a community involved in educating, looking after and caring for a child. Similarly, adults can experience such kinship relationships with other adults when, for example, they become as brother or sister to each other. In past generations, many have felt a special bond with a doctor or midwife who may have been involved in delivering them. In a similar way, some specialists who work in fertility medicine keep photographs of the children whose conception they enabled.

These kinds of relationships can form some of the most important structures of kinship experienced. It is thus possible to understand a certain non-biological sense of kinship arising from bringing a being into existence.

For Christians, our religious beliefs affect every aspect of our lives. Within the Church, the sacrament of the Lord's Supper or Holy Communion is a profound expression of our being 'one body in Christ'. The sharing in the same loaf of bread and cup of wine expresses the reality that all share

¹³ Nuffield Council on Bioethics, “*Novel techniques for the prevention of mitochondrial DNA disorders: an ethical review*”, Nuffield Council on Bioethics, London, 2012, p. 55.

¹⁴ Nuffield Council on Bioethics, “*Novel techniques for the prevention of mitochondrial DNA disorders: an ethical review*”, Nuffield Council on Bioethics, London, 2012, p. 55-56.

¹⁵ Frank, L.: “*My brother, the stranger*”, The Guardian, 17 September 2011, <http://www.guardian.co.uk/lifeandstyle/2011/sep/17/dna-genetics-family-lone-frank?INTCMP=SRCH>, Accessed on 23 May 2012.

¹⁶ <http://www.theguardian.com/society/2007/aug/02/childrensservices.humanrights>. David Gollancz “*Time to stop lying*” The Guardian, Thursday 2 August 2007

kinship as sisters and brothers in Christ. We are members of a common family of faith, the church of Christ. So kinship as Christians includes many aspects beyond the physical.

This is what should be experienced in the Christian church whereby all members are children of God and kin in the fullest sense to each other. The classical doctrine that God creates all things out of nothing (*ex nihilo*) emphasises that our existence is far more than biological. God is a real parent to humanity through the act of creating them even though they do not share any physical substance with God.

5. Adoption

5.1 Introduction

In adoption, in contrast to where the reproductive technologies mentioned above are used, the child already lives in the here and now.

Legally, adoption in Scotland could be said to have commenced with the enactment in 1930 of the first Scottish Adoption Act. However the movement of children to new families had been happening for centuries. The history of care and protection of children is often linked with the industrial revolution, the growth of towns and cities and concern about what to do with children raised in poverty or made homeless by death of a parent. Social, moral and religious judgements informed the decisions made, including where children were placed and what contact, if any, they continued to have with their biological parents.

Early forms of social support to families had included the workhouse, indentured labour and apprenticeships where even very young children were placed with people who were to teach them a trade while also providing board and lodgings. In time there were increasing moves towards the “boarding out” of children, often at considerable distance from their homes and in the second half of the 19th century the growth of the orphanage. Lynn Abram’s book *The Orphan Country*¹⁷ gives an account of the history of this aspect of childcare.

“Boarded-out arrangements took place between people and sometimes were overseen by local worthies such as a GP or minister of the church.”¹⁸

Given that many of the children placed with new families pre 1930 never returned to their families or even communities, they could be said to have been “adopted.”¹⁹

¹⁷ Abrams, L: “*The Orphan Country: Children of Scotland's Broken Homes, 1845 to the Present*” (John Donald Publishers (1998))

¹⁸ Clapton, G and P. Hoggan: “*Adoption and Fostering in Scotland*” (Dunedin- Edinburgh) (2012)

The same period also saw philanthropic and faith groups opening institutions for pregnant women. Predominantly unmarried, these women carried the stigma of society's condemnation for their "condition." The church and broader society were silent about the part that men had in these pregnancies. The children born in these institutions and those boarded out or placed in orphanages became the children who could be placed in new families with an ideal of giving them a "fresh start" in life. Children born in these institutions and placed for adoption as babies were often referred to as "relinquished". Biographies from birth mothers and their children record the pain of the mothers' loss and the sense of disconnection that many adopted children feel in relation to their adoptive family. (For example, "Red Dust Road", by Jackie Kay, gives the story of looking for a birth father; while "Blue Eyed Son" by Nicky Campbell is a son's story. "Nobody's Child" by Kate Adie is a Europe-wide look at abandoned children). When a baby is 'relinquished' today, the mother, and perhaps father or grandparents, are no less likely to experience the pain of this loss.

Adoption under this legislation was still about a fresh start for children and contact with birth families was discouraged. By the mid 1940s the number of adoptions within Scotland was around 1400 each year and peaked between 1965 and 1970 at just over two thousand per year. The following decade saw a sharp decline in the number of adoptions, undoubtedly influenced by the Abortion Act 1967. There is a further marked decline in adoptions in the period 1995 – 2000 which followed the introduction of the Children (Scotland) Act 1995. Adoption figures were at their lowest in 2002 (381) with a slight rise in 2010 to 466. It should be noted that these figures also include step-parent adoptions, which according to the Registrar General account for about a quarter of this figure²⁰.

As noted, a significant aspect of the 1930 legislation was that for the first time the birth parent officially lost all legal rights to be recognised as the parent of the child while the adoptive parent gained these rights. Provision around inheritance did not change, however, for another 30 years.

(There were further significant changes to adoption legislation in the Adoption and Children (Scotland) Act 2007. For the first time non married (including same-sex) couples were able to jointly adopt a child. The legislation also formalised ongoing support from adoption agencies to adopters, adoptees and their birth families.)

Broadly speaking there are three areas which have profoundly affected the number and circumstances of adoptions: developments in reproductive technologies, changes in societal views and the needs of children placed for adoption.

¹⁹ Clapton and Hoggan (2012) *Op Cit*, p 1

²⁰ <http://www.gro-scotland.gov.uk/files2/stats/ve-reftables-2011/ve11-t2-1.pdf>

Post Second World War, there was a change in societal values and norms. The old institutions were closing their doors in increasing numbers during the 1950s. The widespread availability of contraception and the Abortion Act of 1967 gave women greater control over their fertility and decisions about whether to continue with a pregnancy, while The Divorce (Scotland) Act 1976 meant that children of single parents were not necessarily deemed illegitimate in the sight of the law.

At the time of The Adoption of Children Act 1926 (followed by The Adoption of Children (Scotland) Act in 1930) through into the 1950s the vast majority of children placed for adoption were “relinquished babies”; babies born to single women, where it was deemed by family and society that they would be better off placed with a couple who had been unable to have children. By the late 1970s the focus had started to move to finding permanent homes for children who were “in care” and who often had been removed from their parents. Current government statistics record in broad terms where children who are removed from their parents live, they do not record the reason for their removal.

“In 1978, 23% [of adopted children] were under one year of age but by 2009 only 2% [were]. In part this reflected the virtual disappearance of the stigma associated with illegitimacy and thus to fewer unmarried mothers relinquishing their babies for adoption.with all this came a marked shift away from adoption being regarded as meeting the needs of infertile couples to it being seen as a way of meeting the needs of certain children for a permanent home”²¹.

Not only were such children older, some had siblings who needed to be placed with them, but most significantly many had experienced neglect and abuse at the hands of their parents. From the 1990s there was also a rise in the number of children whose parents misused drugs and/or alcohol, some of these children having been exposed to these substances *in utero*. The Scottish Government consultation on the Children and Young People Bill (July 2012) graphically demonstrated the effects that such early experiences can have on the brain development of young children, impacting on centres of the brain “associated with learning, memory and judgement”²².

(Details of the ages of children being adopted can be found through the website of the Registrar General²³).

²¹ Parker, R.: “Change and Continuity: 1980 – 2010”. In *Adoption and Fostering* 34: 4- 12 (BAAF 2010)

²² “A Scotland For Children: A Consultation on the Children and Young People Bill”, Scottish Government 2012, p11

²³ See, for example, <http://www.gro-scotland.gov.uk/files2/stats/ve-reftables-2011/ve11-t2-1.pdf> and <http://www.gro-scotland.gov.uk/files2/stats/vital-events/adoptions-registration.pdf>

5.2 Adoption Today:

Approximately 90% of people who look to adopt children have had some infertility difficulties. In considering adoption as a way of forming a family, for the most part they wish to be parents. Often, however, they find that they are being asked to consider bigger issues than other parents. They have to consider giving a home to a toddler, or young child; to a sibling group or to children affected by drugs and/or alcohol *in utero*. Some adopters find it hard to understand the level of difficulties that such children may have, or hard to anticipate or deal with the effect the children's difficulties may have upon them as adopters. During the assessment period, potential adopters are given extensive professional support to help to prepare them for the challenges which may lie ahead.

For example, a baby born with withdrawal symptoms (Neo-Natal Abstinence Syndrome: NAS) is likely to be placed with an experienced foster carer who may face several difficult months helping this fractious baby who sleeps only for only short periods. When the child is then placed with adoptive parents, there may be a further difficult period while the child readjusts to his/her new care-givers. In the longer term, the child's physical, emotional and intellectual development may be delayed and their ability to concentrate compromised. Such difficulties may extend throughout childhood and into adolescence and adulthood.

With older children, adoptive parents may have to cope with behaviours for which there appears no rational cause. Early memories can be evoked by sensory experiences e.g. sounds or smells which trigger feelings of panic in a child even if the child cannot understand why s/he feels this way.

Children who experience a number of moves may find it hard to trust. An adoptive parent recounts:

*'You are in the supermarket with your newly arrived child. She has had a number of 'placements' before coming to you. You choose a cake from the shelf. When the child sees this, she thinks it is in preparation for a going away party and therefore yet another move. At this moment she is overcome by sheer terror and starts screaming so that the whole store can hear. You try to reassure the child but she is so distressed she can't hear your explanations...'*²⁴

Children who have experienced early trauma and have had to adjust to different care-givers often find it difficult to cope with change. An adoptive parent planning to return to work may require to stay at home well beyond the statutory leave period to help their child feel secure before considering entrusting the child to a nursery placement or child-minder.

Adopted children may at first cope with the routine of Primary School but behaviour problems may emerge in Secondary School where they can be overwhelmed by the large numbers of pupils and frequent changes of teacher.

To add to all this, adoptive parents may be required to support their child while s/he has continuing contact with the birth family. This contact may range from written contact with a birth parent to meeting up with a number of siblings – some of whom may remain in the care of their extended birth family while others may already be part of another adoptive family. The growth of social networking and use of internet sites mean that the age of secrecy in adoption has long gone.

For those exploring adoption, the assessment is intensive, subjecting an applicant's strengths and vulnerabilities to close scrutiny. In 2000 the BBC ran a television series that examined adoption under the heading "Love is not enough." The series explored the growing in-depth assessments that social workers were using which asked prospective adopters not just to demonstrate how much love they could give a child, but what sort of skills they would bring to the task of caring for these children. The ultimate aim of the process is to safeguard the children who, in their short lives, may have been exposed to emotional and/or physical neglect and also to ensure that the adoptive parents gain a realistic insight into the challenges that may lie ahead.

Much has changed in society since the introduction of the 1930 legislation- for example, just over half of children are now born to married parents. As a society we have a better understanding of the emotional effects of early life experiences on children and the lifelong journey that is necessary to support them to grow and develop into adulthood. The old ideas that children could be transplanted from one situation to another and all would be well has given way to a recognition of the patience, skill and compassion that is required to help the children and their new families. There

²⁴ Anon, 'The Challenge of Adoption' In *Adoption Today* February 2014

is, however, much that still needs to be explored in relation to adoption, not least why so few people come forward to adopt children and what sort of support systems would encourage them to do so.

6. Secrecy: A Consequence of Changing Paths to Parenthood?

A contemporary concern is whether kinship bonds can allow for the existence of secrets. Do we have to tell family members about a life-threatening illness? Do we tell donor-conceived children about where they came from and, so it is suggested, put the relationship between them and their social parents at risk? Do we tell the younger generation about the feuds, soured relationships and repressed grief in their grandparents' generation? Do we deny the existence of some of our relatives?

Some would say that secrecy is important. Sharing information might be distressing for the hearer. Concealing certain facts will protect everyone and in any case, keeping a secret is nothing more than respecting privacy, something which is often raised these days as a priority. Yet it is not certain that parents have any right to keep secrets from their children when the content of the secret may be significant for the children's well-being and relationships with their kin.

Keeping secrets can be oppressive, and a sign of wanting to hold on to power. If parents withhold information, then their children are denied the opportunity to forge their own relationships, make their own lifestyle choices, and know their own identity. It is often forgotten that secrets are not easily kept. In the area of family formation through gamete donation and adoption, it has long been known that many parents of donor-conceived children and adopted children tend to tell other people about it even if they intend never to tell the child. Semen donors also have often not followed the instructions of clinics in the past about keeping their donation secret: the fact of their having donated may be known to a wide circle of relatives, friends and colleagues. The benefit of this is that their children are alerted to the risk of unwitting incest with half-brothers or sisters, which research has shown is a real concern for many²⁵.

There is clearly a personal cost involved in keeping secret the information which others believe also belongs to them. It may manifest itself in disagreements between parents about when or if to pass on the information, or in rifts between relatives who get caught up in webs of misunderstanding. In addition, there may be unhappiness in children because there are 'no-go' areas in family conversations. Withholding information about adoption and donor conception effectively treats the

²⁵ Speirs, J.M. (2007) '*Secretly connected? Anonymous semen donation, genetics and meanings of kinship*'. Unpublished doctoral thesis, University of Edinburgh. Accessible at <http://www.era.lib.ed.ac.uk/bitstream/1842/2649/4/JM%20Speirs%20PhD%20thesis%202008.pdf>

people concerned as not fit to appreciate or need the information. When the information is finally revealed- perhaps decades later- it often is by mistake or because the burden of the secret is so heavy. Previously trusting relationships can thus be damaged. It should be noted that within current adoptions, adoptive parents are encouraged to talk with their children about their origins, and provide them with information and photos of significant people from their past²⁶.

It has been argued that while keeping secrets is not necessarily a proper thing to do, it might in some cases be the best thing to do. For example in some faith communities, the knowledge that donor sperm was used to create a child brings shame on the woman, and is viewed as adultery. In the UK, semen donation and insemination was regulated in the Human Fertilisation and Embryology Act of 1990 and 2008. However, the practices are still viewed by some with unease²⁷. In the past, because of the stigmatisation of everyone involved, it was thought by infertility clinics that the best thing was to pretend that it had never happened. The husband of the inseminated woman would have his name on the birth certificate and be treated as if he were the genetic as well as the social father. Society's stigmatising attitudes to male infertility and to childless women, some of which continues today, have been at the root of this problem.

Faith groups do not have a good record of respecting childless individuals. Such discrimination is a human rights issue, and is inconsistent with the Christian ethos of each person being loved for themselves, not for their contribution to society. Colluding with secrecy is not the answer. We know that keeping this kind of 'toxic' secret requires the expenditure of emotional energy, can damage family relationships and does nothing in the long run to reduce the stigma of infertility and childlessness.

7. Family relationships in the Bible

Within the Bible, particularly in the Old Testament, there are accounts of a wide variety of family structures or kinship which are rooted in contemporary culture and society, and which function in many different ways, both positively and negatively. There are families with children by different mothers, sometimes akin to surrogacy, e.g. Abraham, Sarah and Hagar²⁸. There are multicultural families, where people marry across different ethnic and religious groups, e.g. Moses and Zipporah, Ruth and Boaz, Ahab and Jezebel²⁹. There are parents who appear to view their children as property,

²⁶ Feast, J. "Access to Information: progress and perils", In *Adoption and Fostering*. 34: 74- 79 (2010 BAAF)

²⁷ See for example <http://www.catholicculture.org/culture/library/dictionary/index.cfm?id=31983>

²⁸ Genesis 16:1-2

²⁹ Exodus 2:15-22, Ruth 4:9-10, 1 Kings 16:29-31

e.g. Jephthah and Hosea³⁰, but also an understanding of children as a great gift from God, e.g. Psalm 127, Hannah, Sarah and Elizabeth³¹. There are adoptions offering guidance and support to young people, e.g. Mordecai and Esther, Moses³². There are siblings who are rivals, often to the point of violence, e.g. Cain and Abel, Jacob and Esau, Jacob's sons³³; but there are also siblings who work together, e.g. Moses, Aaron and Miriam³⁴.

And while most of these families can be found in the stories of the Old Testament, there are equally mixed portrayals of kinship and family in the New Testament. In the gospels of Matthew and Luke, genealogies and kinship matter, but Paul sees great merits in the single life as well as in married life and kinship³⁵. In Jesus' teaching, the parable of the prodigal son shows a loving parent, but also family tension and conflict³⁶, while the call of Jesus to James and John pulls sons away from their obligations to their families³⁷. At times, Jesus' teaching suggests that kinship connections may be challenged— but there is also an expansiveness, broadening kinship to all his followers, and having his mother and the beloved disciple “adopt” each other³⁸. Jesus' own family life was not conventional —the accounts of Jesus' conception and birth portray Joseph as an adoptive or social parent, rather than Jesus' biological parent³⁹.

Thus, Biblically there is a breadth of stories and life-experiences, which could be recognised and discussed, allowing for individuals from families and relationships of various kinds to be welcomed within the church.

Beyond families, whether biologically or socially constructed, what the Bible does point to is a more profound range of relationships, grounded in God's love, through our shared relationship with God, who is our Creator. All humanity is related through being fellow creatures of the one creator. All people are invited into relationship with God, invited to recognise ourselves as children of God, who loves us. There is therefore a kinship with all people, and this is given particular expression in the church, in the understanding of the church as God's family.

³⁰ Judges 11:29-39, Hosea 1

³¹ 1 Samuel 1, Genesis 21:1-6, Luke 1:5-25

³² Esther 2:5-7, Exodus 2:5-10

³³ Genesis 4:1-10, Genesis 27:1-40, Genesis 37

³⁴ Exodus 4:14-16, 27-31

³⁵ Matthew 1:1-17, Luke 3:23-38, 1 Corinthians 7

³⁶ Luke 15:11-32

³⁷ Mark 1:19-20

³⁸ Mark 3:31-35, John 19:25-27

³⁹ Luke 2:41-50, Luke 1:26-38, Luke 2:1-7, Matthew 1:18-25

Thus the church family should be able to include all people, beyond any connection of ethnicity or blood or social ties. This is part of the God-given unity and universality of the church, though it can be extremely challenging to live out in practice.

The church is Christ's body here on earth. Each of us therefore has the responsibility to demonstrate the unconditional love and compassion which Jesus has for all people, each of whom is made in the image of God and is valued and loved by God. Our churches should therefore provide a welcome for all people, whether they are single or in a relationship; whether they have children or not; whatever their own origins or upbringing or background; however they were conceived or brought into being; whatever their genetic inheritance; in whatever kind of family or care configuration they were brought up; whether they are self-aware and searching for meaning, or not. Everyone should be welcomed and valued, just as they are, and congregations should aim to be a real family to each other, with all the love, the joy and the challenge which that brings.

It is on God that each individual creature is dependent for life and identity as a beloved child of God with real brothers and sisters in the church. Moreover, when we become Christians, we put on a new identity which originates in the work of Christ, becoming member of a new and real relational family, the church. In other words, God no longer sees the old person but welcomes a new individual through the love of Jesus Christ.

In the Church, this love is recognised or affirmed through baptism. For an adult it comes with a confession of faith but the Church of Scotland primarily practices infant baptism, where parents bring their child along to be welcomed into the family of the church. Today, if desired, grandparents or a sponsor can make the baptismal promises and most families presenting children for baptism have god parents who want to take part and show support. All of this is celebrating a point on a journey within a supportive church family.

Services of blessing, where a family wants to come and give thanks for the gift of a child and to have that child recognised as part of God's creation, are also becoming more common. In the gospel story Jesus took the children in his arms and blessed them. With a little imagination there is much that can be done to welcome families of all shapes and sizes into the church community.

This is also represented in the New Testament in the dialogue between Jesus and Nicodemus in John 3: 3-6. A new identity is given to the person through a new birth which brings the Christian into a new existence as a child of God and into a family which is the church. As indicated in Galatians 3: 26-29:

For in Christ Jesus you are all children of God through faith. As many of you as were baptized into Christ have clothed yourselves with Christ. There is no longer Jew or Greek, there is no

*longer slave or free, there is no longer male and female; for all of you are one in Christ Jesus.
And if you belong to Christ, then you are Abraham's offspring, heirs according to the promise.*

This common rebirth of new Christians as children of God enables them to experience a new and very real family with a new parent in God and brothers and sisters who form the church.

This means that a Christian understanding of kinship within the church can be far stronger than any biological, social or cultural ties. Christianity emphasises that all Christians are the adopted children of God.

This understanding of Christian kinship, however, is often not experienced in many churches, which may still consider the love arising from biological relatedness of the family as being far stronger, safer and more "real" than the relatedness in love of God's children. Indeed, many church members will love their children, wives, husbands or parents far more than their Christian brothers and sisters. Of course, individuals have a special responsibility towards their relatives, but the love that they should express towards others within the church community, a love that comes from God, should never be considered inferior to the love shown to their biological family.

As the Mission and Discipleship Council of the Church of Scotland indicated in its 2009 report

"... it is no longer duties within the immediate family which mark one's obedience to God, but commitment and loyalty to Christ himself, and by implication, his family, his disciples, one's brothers and sisters in Christ, those others of his body."⁴⁰

For God, therefore, the bonds of sacrificial love are far stronger than those simply built on biological relatedness. For example, Jesus' declaration in Mark 3:33-35,

"Who are my mother and my brothers?" And looking at those who sat around him, he said, "Here are my mother and my brothers! Whoever does the will of God is my brother and sister and mother."

Similarly, in the New Testament, the importance of biological relatedness is even challenged by John the Baptist when he indicated in Matthew 3:9

Do not presume to say to yourselves, 'We have Abraham as our ancestor'; for I tell you, God is able from these stones to raise up children to Abraham

The relationship of sacrificial love, therefore, which exists between the members of the Christian church models a different, fuller kind of kinship.

⁴⁰ The Mission and Discipleship Council of the Church of Scotland, Report to the General Assembly, Being Single: In Church and Society, 2009, Paragraph 8.4.2.

8. Conclusion

As this report has explored, our interconnectedness with others, in relationships we regard as kin or family, can be very complex. As assisted reproduction techniques develop, biological factors can connect children to a number of different people, who may or may not be involved in their upbringing. But our sense of identity can never be reduced to biology, as it is significantly shaped by social interactions and relationships, in the many configurations of families, communities and society.

The Christian church should be able to offer the good news of welcome and kinship to all people, grounded in the love of God, shown to us in Jesus. But we often fall short, and so there are a number of areas of particular challenge to the church from this report.

Given the ongoing development of knowledge and techniques in assisted reproduction, the church must continue to engage with this area of medical research and development. This must include the expert engagement of the Society, Religion and Technology Project with legislative and research developments, exploring the ethical implications of such developments. But all members of the church should use the knowledge available through the SRT Project, information available in the media, and people's personal experiences, to keep ourselves aware and informed of the many and complex issues arising in this area.

With the acknowledged complexities of kinship and family bonds, which encompass varied biological and social connections, the church and its members must be very careful of how we talk about people, families and relationships. The secrecy and shame which may still accompany both adoption and assisted conception can cause great distress to both parents and children. There is a need for open and honest communication, and careful use of language, to recognise the different origins of people and the many shapes of relationships. People also need understanding and support in exploring the personal implications of the issues raised in this report - such support should include awareness of and referral to the most appropriate support services.

As adoption has evolved over the generations, the church and its members need to be aware of the changing expectations on adoptive parents, and the pressures on and experiences of those involved in adoption - parents and children. The church as a whole, and congregations and members locally, should offer practical support and every encouragement to those who answer the call to foster or adopt.

While there is no one "biblical model" of family structure, the Bible does point to a kinship we all share as God's children. Created by God in God's image, unconditionally loved by God, reborn and made new in Christ, all people are welcomed into the family of God and the body of Christ, the

Church. As such, our love and concern should reach beyond any biological kinship, to embrace all people - no matter their origins, upbringing, family contexts or relationships. This is not a new challenge, but it is certainly an ongoing challenge for us all.

Glossary

Gametes: a cell that fuses with another cell during fertilization (conception) in organisms which reproduce sexually. In species (such as humans) which produce two morphologically distinct types of gametes, and in which each individual produces only one type, a female is any individual that produces the larger type of gamete—called an ovum (or egg)—and a male produces the smaller tadpole-like type—called a sperm.

Mitochondria: a membrane-enclosed structure found in most animal and plant cells, sometimes described as "cellular power plants" because they generate most of the cell's supply of chemical energy

Surrogacy: an arrangement in which a woman carries and delivers a child for another couple or person. The surrogate may be the child's genetic mother (called traditional surrogacy), or she may be genetically unrelated to the child (called gestational surrogacy).

Useful Support Contacts:

ADOPTION UK: www.adoptionuk.org; Scotland@adoption.org.uk; Scotland Helpline 0131 558 2667

Offers support services developed by adopters for adopters.

Assisted conception support: <http://www.assistedconception.org/>. CRADLE is a registered Scottish Charity, run for patients by patients, which provides support to individuals and couples experiencing infertility. The aim of Cradle is to provide education and support to those with infertility issues or who may be currently going through fertility treatment.

Birthlink: <http://www.birthlink.org.uk/index.htm> Birthlink is a registered charity offering a range of services for people separated by adoption with a Scottish connection

Donor Conception Network: enquiries@dcnetwork.org, <http://www.dcnetwork.org/>

P.A.C.S: Post Adoption Central Support. www.postadoptioncentralsupport.org

Based in Central Scotland and produces helpful material for parents whose children have attachment issues.

SASS: Scottish Adoption Support Service. sass@barnardos.org.uk; www.barnardos.org.uk/sass

Based in Glasgow and offers professional counselling and support to anyone affected by adoption - children, families, birth parents

<http://www.infertilitynetworkuk.com/>